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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/775,082	02/11/2004	Seiichi Shinohara	00684.003592	2928
5514	7590	01/12/2006	EXAMINER	
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112			BRASE, SANDRA L	
			ART UNIT	PAPER NUMBER
			2852	

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Please find below and/or attached an Office communication concerning this application or proceeding.



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Serial No. : 10775082

Applicant : Seiichi Shinohara

Filing Date : February 11, 2004

Date Mailed : January 11, 2006

ACKNOWLEDGEMENT OF REQUEST

Notice of Allowance/Allowability Mailed

The request for a corrected notice of allowance/allowability, dated November 29, 2005, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

SUNDA M. ARCHER
For the Office of Patent Publication



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2928

SERIAL NUMBER 10/775,082	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 399	GROUP ART UNIT 2852	ATTORNEY DOCKET NO. 00684.003592
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 036680/2003(PAT.) 02/14/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

5514

TITLE

IMAGE FORMING APPARATUS OPERABLE IN TWO IMAGE FORMATION MODES USING EITHER ONE DEVELOPING DEVICE OR A PLURALITY OF DEVELOPING DEVICES

FILING FEE RECEIVED 1814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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